



Medical Information & Consent Form

Voyage: Adelaide – Port Lincoln 2017

Participants Name: Date of Birth:

Gender: [] Male [] Female Age:

Address:

City: Post Code:

Email: Contact Number:

Emergency Contact (for someone not going on the voyage):

Name: Relationship:

Contact Phone No:

Alternative Contact: Relationship:

Contact Phone No:

General Information: (please circle the correct option where applicable)

1. Do you have any special dietary requirements?

(i.e. vegetarian (IF SO PLEASE SPECIFY WHAT YOU ARE ABLE TO EAT), halal, gluten intolerant, food allergies etc)..... **Yes/No**

Details:

.....

.....

2. Do you smoke? **Yes/No**

Do you take recreational drugs? **Yes/No**

The One & All is a non-smoking vessel and a non-recreational drug zone,

Do you agree to abide by the non-smoking and a non-recreational drug zone policy? **Yes/No**

3. Swimming ability:

Not at all

Poor

Fair

Good

Medical Information: (please circle the correct option where applicable)

1. Are you covered by medical benefits? **Yes/No**
If so, what is the name of your fund?
2. Are you covered by an ambulance subscription? **Yes/No**
3. Medicare No:
4. What is your blood type?
5. Do you suffer from asthma? **Yes/No**
Severity:
Prevention:
Treatment:
Action Plan Attached: **Yes/No**
6. Do you suffer from allergies? **Yes/No**
Please specify:.....
Severity:
Reaction:
Treatment:
Action Plan Attached: **Yes/No**
7. Do you take any prescribed or over-the-counter medication? **Yes/No**
Give details:
.....
Will seasickness affect any of the above medication? **Yes/No**
Details:
.....

For certain medical conditions, we may need to contact your doctor. Please provide the following details:

Name of Medical GP:

Phone number:

Address:

Suburb: State:

Country: Post Code:

**YOUR MEDICAL FORMS MAY BE REVIEWED BY A DOCTOR.
IN LIMITED CASES, IT MAY BE NECESSARY FOR YOU TO ATTEND A MEDICAL EXAMINATION.
WE MAY ALSO REQUEST YOU TO UNDERTAKE A DRUG SCREEN IN THE CASE THAT IT IS
SEEN FIT TO DO SO.**

Declaration:

The One & All is a sailing vessel, by agreeing with and signing this consent form you are agreeing to participate to the best of my ability in all aspects of the sailing program. This includes being part of a watch keeping system, (a small team), that will be responsible for helming the ship, keeping a lookout, sail handling and safety checks under the guidance of a ship's officer and a watch leader. **You will have access to lots of fresh air, good food and become part of a team of people that find life exciting and fun!**

I also understand that photographic images from the voyage may be used for promotional purposes.

I understand the nature of the One & All Sail Voyage.

I have read this consent and I agree.

Name: Signed:

Date:

Participants under 18 years of age also need to have their parent or guardian give their consent for participation:

I understand the nature of the activity and the risks in the activity. I have discussed the program with the program staff and have clarified any areas of concern prior to signing this consent form.

I have completed the form to the best of my knowledge and have disclosed all information that is relevant to the safety and care of my son/daughter.

I give my consent forto attend the Voyage on One & All

In case of an emergency I allow program staff to take my child for medical assistance by the best available means possible.

I also understand that photographic images from the voyage may be used for promotional purposes and I give my consent for images of my son/daughter to be used.

Name: Signed:

Date: